

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Billy R. Nicholson

Full Address 6428 Hwy. 494 Little Rock, Miss. 39337

Telephone 601-774-5220 (Fax) _____

E-mail _____

Office Sought House of Representative Dist. 78 Political Party Republican

☒ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	<u>800.00 + 200.00</u>	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
Total amount of disbursements	<u>448.70 + 3600.00</u>	\$ <u>4,048.70</u>	\$ <u>4,048.70</u>
Total amount of cash on hand		\$ <u>8947.47</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Billy R. Nicholson
Signature of Candidate

1-5-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Billy R. Nicholson
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHECK INTO CASH OF MISS., INC</u>		<u>7/3/09</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 550</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Cleveland, Tenn. 37364-0550</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>		<u>12/15/09</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 61270</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Phoenix AZ 85082</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISS. ASSN. FOR HOMECARE</u>		<u>12/15/09</u>	\$ <u>300.00</u>
Mailing Address <u>134 FAIRMONT ST. STE. B</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Clinton, Miss. 39056</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee Billy R. Nicholson
 Reporting period JANUARY 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
<u>Newton County Appeal</u>		(Mo., Day, Year)	disbursement this period
Mailing Address			
<u>P.O. Box 287</u>		<u>04/06/09</u>	\$ <u>24.00</u>
City, State, Zip Code		<u>06/19/09</u>	<u>100.00</u>
<u>Union, Miss. 39365</u>		<u>09/18/09</u>	\$ <u>100.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>224.00</u>
B. Full name		Date	Amount of each
<u>Union Florist</u>		(Mo., Day, Year)	disbursement this period
Mailing Address			
<u>215 North St.</u>		<u>04/13/09</u>	\$ <u>64.20</u>
City, State, Zip Code		<u>05/04/09</u>	<u>85.60</u>
<u>Union, Miss. 39365</u>		<u>09/04/09</u>	\$ <u>74.90</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>224.70</u>
C. Full name		Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address			
		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code			
		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address			
		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code			
		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address			
		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code			
		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address			
		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code			
		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$